

NAME OF TRIBE Vocational Rehabilitation Program

August Martin, Project Officer

September 26, 2017

Dear August,

The undersigned acknowledges that the job descriptions of the (1) Vocational Rehabilitation Counselor and (2) Vocational Rehabilitation Technician and that are being provided do in fact adhere to:

Title

34 CFR Part 371:

Vocational Rehabilitation Service Projects for American Indians with Disabilities

The undersigned acknowledges that signatories for the NAME OF TRIBE Vocational Rehabilitation is true and honored:

NAME OF TRIBE

Suzanne Malson, M.S.

NAME OF TRIBE

Vocational Rehabilitation Program Director

NAME OF CHAIRPERSON, Chairman

NAME OF TRIBE

Tribal Chairman

DATE: